

## BEST AVAILABLE COPY

<b>MULTIPLE DEPEN FEE CALCULATION SHEET</b> <small>(FOR USE WITH FORM PTO-875)</small>						SERIAL NO. <i>100103862</i>	FILING DATE						
						APPLICANT(S)							
<b>CLAIMS</b>													
	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT			AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
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44							94						
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46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	3		↓			↓							
TOTAL DEP.	33	←		←		←							
TOTAL CLAIMS	36												